

TOWN OF ROCKPORT

BOARD OF HEALTH

34 Broadway Rockport, MA 01966

Phone: 978-546-3701 www.rockportma.gov

APPLICATION FOR WELL AND PUMP PERMIT

Location Address:		Map:	Lot: _	
Owner:	Mailing Addre	ss:		
WELL CONTRACTOR: Company Name: _				
Address:				
Email:				
Licensee Name:		MA Lic #:		
Гуре of Well:		Well Used For (check one):	() Irrigation	() Drinking
Diameter of Well:	 -	Size of Casing:		
Depth of Bedrock:		Depth of Casing into Bedroc	ek	
Was Seal Tested? ()Yes () No		Date of Testing		
Depth of Well:		Well Ended in What Materia	1:	
Depth of Water:		Delivers:	gallon	s/per/minute
Drawdown:feet after pumping	hours at _	GPM.		
PUMP INSTALLER: Company Name:				
Address:			Fax:	
Email:				
Licensee Name:				
Size and Name of Pump:				
Water Pump Delivers:				
Pipe Material Used in Well: () Cast Iron		•	st strength	
() Well Pit	` '	-		
Was sleeve used to protect pipe? ()Yes		or Name of Well Seal		
	ımp Installer's Sig	gnature:		
FOR OFFICE USE ONLY:				
Proposed location approved: Health Agent			Date	
Permit No Date		Fee (\$	100.00)	
Date water analysis report received by Board or	f Health			
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